

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017904

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 112

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0047

2 0101

3 2

4 0

5 1

6

7 0

8 2

9 527.0

10

11

12 1-2

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 16 1962

1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MexicoLength of stay in lb
Apr. 15, 62

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Audrain County

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Boone

c. CITY
OR TOWN

Centralia

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

119 South Maple

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

William

Radford

Emmons

4. DATE
OF DEATH

Month May

Day 8

Year 1962

5. SEX

Male

6. COLOR OR RACE

Caucasian

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

2/22/1907

9. AGE (last birthday)

55

IF UNDER 1 YEAR IF UNDER 24 HR

Months 2

Days 16

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer & Operator of

10b. KIND OF BUSINESS OR INDUSTRY

Cafe

11. BIRTHPLACE (City and state or country)

Montoe County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Marvin Emmons

13b. MOTHER'S MAIDEN NAME

Joyse Walker

14. NAME OF HUSBAND OR WIFE

Mary Emmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, No or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Mary Emmons, Centralia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary heart Disease
Marked Emphysema
Atelectasis Both LungsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Apr 15-62 to May 8-62 and last saw him alive on May 8-62
Death occurred at May 8-62 - 5:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

May 11, 1962

Berea

Rte 4, Mexico, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Bill Co. Mena Centralia, Missouri

May 11-1962

Blanche Neely

USE BLACK INK

OR

TYPEWRITER RIBBON

R. W. Van Wyngarden, D.O.

(Licensed Embalmer's Statement on Reverse Side)

Permit obtained
5/9/62
B.D.

MAY 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill J. Meador

Licensed Embalmer No. 4876

P. O. Address Centralia, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.